

13281 U.S.PTO  
020904

## UTILITY PATENT APPLICATION TRANSMITTAL

Address to:  
**Box PATENT APPLICATION**  
 Commissioner of Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Attorney Docket No.

KUGE3001/EM

First Named Inventor  
(or identifier)

George KU

Total Pages

26

17548 U.S.PTO  
10/773303  
020904

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	Rip Guide Adjusting Device Of Circular Saw
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1. Submitted herewith are the following:  
 9 pages of specification, including claims and Abstract.  
 8 sheets of FORMAL drawings (Figs. 1-8).  
 7 claims.  
 1 Oath/Declaration signed by each inventor.  
 1 Application Data Sheet.  
 1 Assignment of the invention to Rexon Industrial Corp., Ltd., Taichung Hsien, Taiwan, R.O.C.,  
 Cover Sheet, and payment of the \$40 recordal fee.  
 1 check in the amount of \$810 (\$770- Filing Fee; \$40- Assignment Recordation Fee).

2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number \_\_\_\_\_ filed \_\_\_\_\_.

5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_ filed \_\_\_\_\_.

6. Other: \_\_\_\_\_

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00
Total Claims:	7	- 20 =	0	X \$18 =	\$0.00
Independent Claims:	1	- 3 =	0	X \$86 =	\$0.00
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 <sup>th</sup> Floor Alexandria, VA 22314-1176			Multiple Dependent Claim (add \$290.00): \$0.00		
			Subtotal: \$770.00		
			50% Reduction if Small Entity Status: \$0.00		
Phone: 703-683-0500 Fax: 703-683-1080			Total:		\$770.00
Date:	Name:		Signature:		Reg. No.
February 9, 2004	Eugene Mar				25,893